

Case Number:	CM13-0061291		
Date Assigned:	12/30/2013	Date of Injury:	09/21/2000
Decision Date:	05/16/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old male who reported a work-related injury on 9/21/00. The injured worker has a diagnosis of displacement of cervical disc without myelopathy. Recent clinical documentation stated that the injured worker was off Norco for two months and his nerve pain was controlled with Cymbalta. The injured worker's Butrans was reduced from 10mcg to 5mcg. The injured worker reported that Duexis was very effective. His medications included Cymbalta, Edluar, Duexis, Butrans, and Lorzone. The injured worker has undergone conservative treatment to include acupuncture treatments and a TENS unit. The injured worker also underwent urine toxicology screening and results were consistent with his prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 PRESCRIPTION OF DUEXIS 8-00MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines state that Duexis contains ibuprofen and famotidine, and is not recommended as a first line drug. Guidelines state that ibuprofen and famotidine are also available in multiple strengths over the counter. Other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs with less benefit and higher costs, thus it would be difficult to justify using Duexis as a first line therapy. In addition, there was no physical exam noted for the injured worker within the submitted clinical documentation which would indicate subjective or objective findings of rheumatoid arthritis and osteoarthritis for which Duexis is recommended. Furthermore, there were no significant functional improvements noted for the injured worker which could be objectively measured due to the use of Duexis in the submitted clinical documentation. Therefore, Duexis is not medically necessary.

BUTRANS 5MCG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: Butrans is a transdermal system which provides systemic delivery of Buprenorphine, an opioid partial agonist analgesic. The California MTUS Guidelines state that Buprenorphine is recommended for the treatment of opiate addiction. Guidelines also state that Buprenorphine is known to cause a milder withdrawal syndrome compared to methadone and for this reason, Buprenorphine may be the better choice if opioid withdrawal therapy is elected. Recent clinical documentation stated that the injured worker was completely off Norco and narcotics. There were no withdrawal symptoms noted for the injured worker, and the Butrans patch was not reported to be prescribed for the injured worker for the treatment of opiate addiction. Buprenorphine may also be recommended as an option for chronic pain. Guidelines state to continue opioids if the patient has returned to work and if the patient has improved functioning and pain relief. There was no evidence given in the submitted documentation that the injured worker had returned to work, and there was no documentation of the injured worker's improved functioning and pain relief due to the use of a Butrans patch. There were no functional benefits noted which could be objectively measured. As such, Butrans is not medically necessary.

LORZONE 750 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines state that muscle relaxants are recommended with caution as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients

with chronic low back pain. Guidelines state that Lorzone is a drug that works primarily in the spinal cord and the subcortical areas of the brain. It has advantages over other muscle relaxants, including reduced sensation and less evidence for abuse. There was no physical exam noted for the injured worker that stated he had an acute exacerbation of chronic low back pain. A rationale was not provided for the request of Lorzone for the injured worker. In addition, there were no significant functional improvements reported by the injured worker due to the use of Lorzone. Therefore, Lorzone is not medically necessary.

1 PRESCRIPTION OF EDLUAR 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines state that Edluar was FDA approved for the treatment of insomnia in late 2009. This was a new formulation of zolpidem, but did not appear to have any therapeutic benefit over existing generic zolpidem. Zolpidem is approved for the short-term (usually 2-6 weeks) treatment of insomnia. The injured worker was noted to be taking Edluar since at least October 2013. Guidelines state that while sleeping pills, minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use as they can be habit forming and may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. Per clinical documentation submitted, the injured worker was not noted to have complaints of insomnia and there were no significant improvements in sleep hygiene reported by the injured worker due to the use of Edluar. Given the above, Edluar is not medically necessary.